The Child's Actual Needs (A Tool for Practice)

In practice we produce plans that do not instigate any change. This tool asks that, in practice, we move from 'what is available' to 'what is necessary' for the child.

Assessments often drift, whether quietly and unintentionally, from identifying what a child needs to negotiating or describing what the system can provide, or what is expected of parents.

Over time, the language changes. 'Needs' become 'services.' 'Impact' becomes 'threshold.' 'Time' becomes 'capacity.'

This tool is designed to interrupt that drift because it helps to centre the child as the main reference point of assessment. It asks to identify, clearly and unapologetically, what must be in place for this child to develop safely and recover from harm, regardless of whether the system currently offers it.

In reality, only once needs and the harm are clearly articulated can questions of feasibility, resourcing, and planning be addressed honestly. Otherwise, it we are just writing plans that can be beautifully written but produce no meaningful change.

The core principle that we often miss is that child's needs do not change or pause whilst on waiting lists. They likely to get worse, increasing the impact on the child's development. Scarcity and delay are harmful, whether we like it or not.

This tool separates three things that are often blurred:

1. What the child *need*s.

2. What currently *exists*

3. What the system is *choosing* to do about the gap.

Reflective prompts:

- Which of the child's needs are currently being met?

- Which are partially met?

- Which are unmet entirely?

- What harm occurs if these needs remain unmet for another 3–6 months?
- Which needs are time-sensitive or developmentally urgent?

If a need is unmet because a service is unavailable, does not meet threshold, or has long waiting lists, the need does not disappear.

What the Child does not need?

Equally important is naming what will not meet the child's needs, even if it is available.

Children do not need:

- Endless monitoring without change
- Short-term interventions with no continuity
- Adult-focused compliance plans
- Stability or support promised but not delivered
- Being asked to adapt to broken systems that respond with delays

What does the child need (A way to frame it in practice)

In practice, we often fail to correctly frame the needs or risk.

Correct framing:

- 'This child needs emotionally available care'
(not: 'referral to parenting course')

- 'This child needs educational support'
(not: 'parents to make sure the child attends daily)

- 'This child needs help processing trauma'
(not: 'CAMHS referral to be completed')

Key point:

The simplest and most direct way to frame a need is by identifying the need, identifying who is responsible to meet the need, identifying a clear action that will meet the need, and the timeframe (which always should be as soon as possible).

Example in practice:

a) example one

This child needs help to make sense of what has happened to them in a way that reduces shame and confusion.

This will be met by emotionally available and trusted adults (school or social worker), through therapeutic support and direct work.

This will happen through age-appropriate conversations and structured direct work that helps the child understand events without self-blame.

This must begin within 2 weeks, as unprocessed experiences consolidate into long-term emotional harm.

b) example two

This child needs emotionally available care from at least one consistent carer/parent.

This need will be met by the carer/parent, with structured support from children's services.

This will happen through immediate practical parenting support and coaching to help the parent understand what emotionally available care looks like in daily interactions (not through compliance tasks).

This must begin within next week, as emotional availability is a current and ongoing need, not a future outcome.

The format is very simple and easy to follow:

- *This child needs [WHAT].*
- *This will be met by [WHO].*

- *This will happen through [WHAT ACTION]*
- *This must be in place by [WHEN].*

The Child's Needs Table (Assessment Tool)

Key Use Instruction (for the table)

- **Column one** names the need *from the child's perspective, best in child's own voice (if applicable)*.
- **Column two** explains *why the need exists*, not who caused it.
- **Column three** describes *the child's lived experience*.
- **Column four** records *current parent's capacity without judgment*.
- **Column five** requires clarity on *what must happen and by when*.
- **Column six** makes *the cost of inaction or delay visible*.

Child's Actual Need	Why This Need Exists	How This Need Shows Up for the Child	Current Adult Capacity	What Must Happen and When to Meet It	Risk or Impact if the Need Is Not Met
Consistent access to food and basic necessities (poverty)	Ongoing financial insecurity has created uncertainty around basic needs	Child presents hungry at school, worries about food, struggles to concentrate at school	Parent is motivated but lacks resources to meet needs consistentl y	Immediate financial support and stabilisation within weeks to restore predictabilit y	Insecurity becomes normalised; emotional distress and shame increase
Access to education that feels	Disruption at home has impacted	Poor attendance, withdrawal,	Parent values education	School support and attendance	Learning gaps widen; disengagemen

safe and supportive	child's capacity to learn and feel secure in school	behavioural incidents, falling behind academically	but struggles with routines and engagement	consistency within one school term	t from education deepens
Reliable emotional availability from an adult	Child has experienced inconsistent or unavailable caregiving under stress	Child seeks attention through behaviour	Parent cares deeply but has limited emotional bandwidth under pressure	Support to strengthen parent emotional availability within weeks.	insecurity increases; behaviour escalates; learning is disrupted

After completing the table, ask the following question:

'For each need, is it clear who must act and is that responsibility realistic and accepted?'

If the answer is "no," then the assessment is incomplete.

Reflection:

At the end of using the tool, ask yourself the following reflective question:

'If this child were able to speak freely, what would they say they need that we have not yet given them?'

Key point:

Even if the need cannot be met, at least name it.

The Accountability Statement

If actions are not respected, in your report for each unmet need, complete and add this sentence:

'This child's need for _____ which was agreed to be put in place by _____ remains unmet because _____ has not yet taken place due to _____.'

Lastly…

In practice, we need to remember that we should always start with the child's daily lived reality, identity what the child actually needs to develop and recover from any unmet need or harm, and then identify who must act to meet that need or reduce the harm.

We should not focus on whether the need is easy, affordable, or available as it then it ceases to be about the child.

To be truly child centred we should remember that:

a) Children have needs (including the need to be safe),

b) Parents have responsibilities,

c) and professionals have duties.

This requires the following two questions

- *What does this child need?*
- *Who and by when must take responsibility for meeting this need?*

Children do not suffer because their needs are unclear. They suffer because those needs are rewritten as intentions, postponed into plans, or diluted into what the system can manage within their timescales and not child's timescales.

A child's need unmet in the present always returns later louder, costlier, and its weight carried by the child alone.

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21.12.2025